

Poundbury Nature for Wellbeing Project Activity leader form

Name

Name of activity.....

Address.....

Email.....

contact number.....

Next of kin/emergency contact.....

I have read and understood the People Need Nature Safeguarding policy and risk assessment for my activity

Signed.....

Date.....

I have my own Public Liability Insurance YES/NO (please highlight)

Are there any health issues/allergies PNN needs to be aware of?

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Please note: for safeguarding purposes, staff and volunteers should not exchange personal contact information or have contact (in person or online) with clients/participants without the prior approval of the CEO

Please return this form to Miles King miles.king@peopleneednature.org.uk

Please circulate the Group Agreement to the participants taking part in your activity.